

This is a preview of "ANSI/AAMI/IEC 60601-...". Click here to purchase the full version from the ANSI store.

American National Standard



PREVIEW COPY

This is a preview edition of an AAMI guidance document and is intended to allow potential purchasers to evaluate the content of the document before making a purchasing decision.

For a complete copy of this AAMI document, contact AAMI at +1-977-249-8226 or visit www.aami.org.

ANSI/AAMI/ IEC 60601- 2-47:2012/ (R)2016

Medical electrical equipment
— Part 2-47: Particular
requirements for the
basic safety and essential
performance of ambulatory
electrocardiographic systems

American National Standard

ANSI/AAMI/IEC 60601-2-47:2012/(R)2016
(Revision of ANSI/AAMI EC38:2007)

**Medical electrical equipment — Part 2-47:
Particular requirements for the basic safety and
essential performance of ambulatory
electrocardiographic systems**

Advancing Safety and Health

PREVIEW COPY

This is a preview edition of an AAMI guidance document and is intended to allow potential purchasers to evaluate the content of the document before making a purchasing decision.

Approved 20 July 2012 by
AAMI

For a complete copy of this AAMI document, contact AAMI at
+1-977-249-8226 or visit www.aami.org.

Approved 1 August 2012 and reaffirmed 6 January 2017 by
American National Standards Institute, Inc.

Abstract: Specifies the basic safety and essential performance of ambulatory electrocardiographic (ECG) systems. Within the scope of this standard are systems of the following types: a) systems that provide continuous recording and continuous analysis of the ECG allowing full re-analysis giving essentially similar results. The systems may first record and store the ECG and analyze it later on a separate unit or record and analyze the ECG simultaneously. The type of storage media used is irrelevant with regard to this standard; and b) systems that provide continuous analysis and only partial or limited recording not allowing a full re-analysis of the ECG.

Keywords: ECG, electrocardiograph, electromedical equipment, holter monitors

AAMI Standard

This Association for the Advancement of Medical Instrumentation (AAMI) standard implies a consensus of those substantially concerned with its scope and provisions. The existence of an AAMI standard does not in any respect preclude anyone, whether they have approved the standard or not, from manufacturing, marketing, purchasing, or using products, processes, or procedures not conforming to the standard. AAMI standards are subject to periodic review, and users are cautioned to obtain the latest editions.

CAUTION NOTICE: This AAMI standard may be revised or withdrawn at any time. AAMI procedures require that action be taken to reaffirm, revise, or withdraw this standard no later than five years from the date of publication. Interested parties may obtain current information on all AAMI standards by calling or writing AAMI, or by visiting the AAMI website at www.aami.org.

All AAMI standards, recommended practices, technical information reports, and other types of technical documents developed by AAMI are *voluntary*, and their application is solely within the discretion and professional judgment of the user of the document. Occasionally, voluntary technical documents are adopted by government regulatory agencies or procurement authorities, in which case the adopting agency is responsible for enforcement of its rules and regulations.



PREVIEW COPY

This is a preview edition of an AAMI guidance document and is intended to allow potential purchasers to evaluate the content of the document before making a purchasing decision.

Published by

AAMI

4301 N. Fairfax Drive, Suite 301
Arlington, VA 22203-1633

www.aami.org

For a complete copy of this AAMI document, contact AAMI at
+1-977-249-8226 or visit www.aami.org.

© 2012 by the Association for the Advancement of Medical Instrumentation

All Rights Reserved

This publication is subject to copyright claims of IEC and AAMI. No part of this publication may be reproduced or distributed in any form, including an electronic retrieval system, without the prior written permission of AAMI. All requests pertaining to this document should be submitted to AAMI. It is illegal under federal law (17 U.S.C. § 101, *et seq.*) to make copies of all or any part of this document (whether internally or externally) without the prior written permission of the Association for the Advancement of Medical Instrumentation. Violators risk legal action, including civil and criminal penalties, and damages of \$100,000 per offense. For permission regarding the use of all or any part of this document, complete the reprint request form at www.aami.org or contact AAMI, 4301 N. Fairfax Drive, Suite 301, Arlington, VA 22203-1633. Phone: +1-703-525-4890; Fax: +1-703-276-0793.

Printed in the United States of America

ISBN 978-1-57020-449-4

CONTENTS

Glossary of equivalent standards.....	v
Committee representation.....	vii
Background of AAMI adoption of IEC 60601-2-47:2012.....	viii
FOREWORD	ix
INTRODUCTION	xi
201.1 Scope, object and related standards	1
201.2 Normative references.....	3
201.3 Terms and definitions.....	3
201.4 General requirements	6
201.5 General requirements for testing of ME EQUIPMENT	6
201.6 Classification of ME EQUIPMENT and ME SYSTEMS.....	6
201.7 ME EQUIPMENT identification, marking and documents	7
201.8 Protection against electrical HAZARDS from ME EQUIPMENT	9
201.9 Protection against MECHANICAL HAZARDS of ME EQUIPMENT and ME SYSTEMS	9
201.10 Protection against unwanted and excessive radiation HAZARDS	9
201.11 Protection against excessive temperatures and other HAZARDS	9
201.12 Accuracy of controls and instruments and protection against hazardous outputs.....	9
201.13 HAZARDOUS SITUATIONS and fault conditions.....	35
201.14 PROGRAMMABLE ELECTRICAL MEDICAL SYSTEMS (PEMS).....	35
201.15 Construction of ME EQUIPMENT	35
201.16 ME SYSTEMS.....	37
201.17 Electromagnetic compatibility of ME EQUIPMENT and ME SYSTEMS	37
202 Electromagnetic compatibility – Requirements and tests	37
Annexes	39
Annex AA (informative) Particular guidance and rationale.....	40
Bibliography	63
Index of defined terms used in this particular standard	64
Figure 201.101 – General test circuit for 201.12.4.4	26
Figure 201.102 – Test signal for input dynamic range test according to 201.12.4.4.101	28
Figure 201.103 – Test circuit for common mode rejection according to 201.12.4.4.103.....	30
Figure 201.104 – Test circuit for pacemaker pulse tolerance according to 201.12.4.4.109	34
Figure 202.101 – Test set-up for conductive emission test according to 202.6.1.1.2 and radiated emission and radiated immunity test according to 202.6.1.1.2 and 202.6.2.3.2	38
Table 201.101 – Distributed additional ESSENTIAL PERFORMANCE requirements.....	6
Table 201.102 – LEAD WIRE color codes.....	8
Table 201.103 – Requirements for all arrhythmia algorithms.....	13

Advancing Safety in Healthcare Technology

PREVIEW COPY

This is a preview edition of an AAMI guidance document and is intended to allow potential purchasers to evaluate the content of the document before making a purchasing decision.

For a complete copy of this AAMI document, contact AAMI at +1-977-249-8226 or visit www.aami.org.

Table 201.104 – Requirements for algorithms with optional capabilities.....	14
Table 201.105 – Beat label classifications	18
Table 201.106 – Example of noise floor calculation results	20
Table 201.107 – Example of HRV test results	21
Table 201.108 – Run sensitivity summary matrix	22
Table 201.109 – Run positive predictivity summary matrix.....	22
Table AA.1 – Records to be included in a complete test	41
Table AA.2 – Example of a line-format, beat-by-beat performance report	46
Table AA.3 – Condensed beat-by-beat summary matrix containing 11 elements	47
Table AA.4 – Summary table (matrix format) of beat-by-beat comparison	47
Table AA.5 – Example of a line-format SHUTDOWN report	48
Table AA.6 – Example of a line-format report	49
Table AA.7 – Example of VF performance report.....	50
Table AA.8 – Example of false VF performance report	50
Table AA.9 – Example of a line-format couplet and run performance report.....	51
Table AA.10 – Example of device measurements of synthetic test patterns	52
Table AA.11 – Example of predicted ideal values for synthetic test patterns	52
Table AA.12 – Example of choice of test patterns.....	52
Table AA.13 – Example of RMS interval differences.....	56
Table AA.14 – Example of summary of frequency components	57

PREVIEW COPY

This is a preview edition of an AAMI guidance document and is intended to allow potential purchasers to evaluate the content of the document before making a purchasing decision.

For a complete copy of this AAMI document, contact AAMI at +1-977-249-8226 or visit www.aami.org.

Glossary of equivalent standards

International Standards adopted in the United States may include normative references to other International Standards. For each International Standard that has been adopted by AAMI (and ANSI), the table below gives the corresponding U.S. designation and level of equivalency to the International Standard. NOTE: Documents are sorted by international designation. The code in the US column, "(R)20xx" indicates the year the document was officially reaffirmed by AAMI. E.g., ANSI/AAMI/ISO 10993-4:2002/(R)2009 indicates that 10993-4, originally approved and published in 2002, was reaffirmed without change in 2009.

Other normatively referenced International Standards may be under consideration for U.S. adoption by AAMI; therefore, this list should not be considered exhaustive.

International designation	U.S. designation	Equivalency
IEC 60601-1:2005 Technical Corrigendum 1 and 2	ANSI/AAMI ES60601-1:2005/(R)2012 and ANSI/AAMI ES60601-1:2005/A2:2010/(R)2012 ANSI/AAMI ES60601-1:2005/C1:2009/(R)2012 (amdt)	Major technical variations C1 Identical to Corrigendum 1 & 2
IEC 60601-1-11:2010	ANSI/AAMI HA60601-1-11:2011	Major technical variations
IEC 60601-1-2:2007	ANSI/AAMI/IEC 60601-1-2:2007/(R)2012	Identical
IEC 60601-2-2:2009	ANSI/AAMI/IEC 60601-2-2:2009	Identical
IEC 60601-2-4:2010	ANSI/AAMI/IEC 60601-2-4:2010	Identical
IEC 60601-2-16:2008	ANSI/AAMI/IEC 60601-2-16:2008	Identical
IEC 60601-2-19:2009	ANSI/AAMI/IEC 60601-2-19:2009	Identical
IEC 60601-2-20:2009	ANSI/AAMI/IEC 60601-2-20:2009	Identical
IEC 60601-2-21:2009	ANSI/AAMI/IEC 60601-2-21:2009	Identical
IEC 60601-2-24:1998	ANSI/AAMI ID26:2004/(R)2009	Major technical variations
IEC 60601-2-25:2011	ANSI/AAMI/IEC 60601-2-25:2011	Identical
IEC 60601-2-27:2011	ANSI/AAMI/IEC 60601-2-27:2011	Identical
IEC 60601-2-47:2012	ANSI/AAMI/IEC 60601-2-47:2012	Identical
IEC 60601-2-50:2009	ANSI/AAMI/IEC 60601-2-50:2009	Identical
IEC 80001-1:2010	ANSI/AAMI/IEC 80001-1:2010	Identical
IEC 80601-2-30:2009 and Technical Corrigendum 1	ANSI/AAMI/IEC 80601-2-30:2009 and ANSI/AAMI/IEC 80601-2-30:2009/C1:2009 (amdt) – consolidated text	Identical (with inclusion) C1 Identical to Corrigendum 1
IEC 80601-2-58:2008	ANSI/AAMI/IEC 80601-2-58:2008	Identical
IEC/TR 60878:2009	ANSI/AAMI/IEC TIR60878:2009	Identical
IEC/TR 61289:2011	ANSI/AAMI/IEC TIR61289:2011	Identical
IEC/TR 62296:2009	ANSI/AAMI/IEC TIR62296:2009	Identical
IEC 62304:2006	ANSI/AAMI/IEC 62304:2006	Identical
IEC/TR 62348:2006	ANSI/AAMI/IEC TIR62348:2006	Identical
IEC/TR 62354:2009	ANSI/AAMI/IEC TIR62354:2009	Identical
IEC 62366:2007	ANSI/AAMI/IEC 62366:2007	Identical
IEC/TR 80002-1:2009	ANSI/IEC/TR 80002-1:2009	Identical
ISO 5840:2005	ANSI/AAMI/ISO 5840:2005/(R)2010	Identical
ISO 7198:1998	ANSI/AAMI/ISO 7198:1998/2001/(R)2010	Identical
ISO 7199:2009 and Amendment 1:2012	ANSI/AAMI/ISO 7199:2009 and Amendment 1:2012	Identical
ISO 8637:2010	ANSI/AAMI/ISO 8637:2010	Identical
ISO 8638:2010	ANSI/AAMI/ISO 8638:2010	Identical
ISO 10993-1:2009	ANSI/AAMI/ISO 10993-1:2009	Identical
ISO 10993-2:2006	ANSI/AAMI/ISO 10993-2:2006/(R)2010	Identical
ISO 10993-3:2003	ANSI/AAMI/ISO 10993-3:2003/(R)2009	Identical
ISO 10993-4:2002 and Amendment 1:2006	ANSI/AAMI/ISO 10993-4:2002/(R)2009 and Amendment 1:2006/(R)2009	Identical
ISO 10993-5:2009	ANSI/AAMI/ISO 10993-5:2009	Identical
ISO 10993-6:2007	ANSI/AAMI/ISO 10993-6:2007/(R)2010	Identical
ISO 10993-7:2008	ANSI/AAMI/ISO 10993-7:2008/(R)2012	Identical
ISO 10993-9:2009	ANSI/AAMI/ISO 10993-9:2009	Identical
ISO 10993-10:2010	ANSI/AAMI/ISO 10993-10:2010	Identical
ISO 10993-11:2006	ANSI/AAMI/ISO 10993-11:2006/(R)2010	Identical
ISO 10993-12:2012	ANSI/AAMI/ISO 10993-12:2012	Identical
ISO 10993-13:2010	ANSI/AAMI/ISO 10993-13:2010	Identical
ISO 10993-14:2001	ANSI/AAMI/ISO 10993-14:2001/(R)2006	Identical
ISO 10993-15:2000	ANSI/AAMI/ISO 10993-15:2000/(R)2006	Identical
ISO 10993-16:2010	ANSI/AAMI/ISO 10993-16:2010	Identical
ISO 10993-17:2002	ANSI/AAMI/ISO 10993-17:2002/(R)2008	Identical
ISO 10993-18:2005	ANSI/AAMI BE83:2006/(R)2011	Major technical variations
ISO/TS 10993-19:2006	ANSI/AAMI/ISO TIR10993-19:2006	Identical
ISO/TS 10993-20:2006	ANSI/AAMI/ISO TIR10993-20:2006	Identical
ISO 11135-1:2007	ANSI/AAMI/ISO 11135-1:2007	Identical
ISO/TS 11135-2:2008	ANSI/AAMI/ISO TIR11135-2:2008	Identical

International designation	U.S. designation	Equivalency
ISO 11137-1:2006	ANSI/AAMI/ISO 11137-1:2006/(R)2010	Identical
ISO 11137-2:2012	ANSI/AAMI/ISO 11137-2:2012	Identical
ISO 11137-3:2006	ANSI/AAMI/ISO 11137-3:2006/(R)2010	Identical
ISO 11138-1:2006	ANSI/AAMI/ISO 11138-1:2006/(R)2010	Identical
ISO 11138-2:2006	ANSI/AAMI/ISO 11138-2:2006/(R)2010	Identical
ISO 11138-3:2006	ANSI/AAMI/ISO 11138-3:2006/(R)2010	Identical
ISO 11138-4:2006	ANSI/AAMI/ISO 11138-4:2006/(R)2010	Identical
ISO 11138-5:2006	ANSI/AAMI/ISO 11138-5:2006/(R)2010	Identical
ISO/TS 11139:2006	ANSI/AAMI/ISO 11139:2006	Identical
ISO 11140-1:2005	ANSI/AAMI/ISO 11140-1:2005/(R)2010	Identical
ISO 11140-3:2007	ANSI/AAMI/ISO 11140-3:2007/(R)2012	Identical
ISO 11140-4:2007	ANSI/AAMI/ISO 11140-4:2007/(R)2012	Identical
ISO 11140-5:2007	ANSI/AAMI/ISO 11140-5:2007/(R)2012	Identical
ISO 11607-1:2006	ANSI/AAMI/ISO 11607-1:2006/(R)2010	Identical
ISO 11607-2:2006	ANSI/AAMI/ISO 11607-2:2006/(R)2010	Identical
ISO 11663:2009	ANSI/AAMI/ISO 11663:2009	Identical
ISO 11737-1:2006	ANSI/AAMI/ISO 11737-1:2006	Identical
ISO 11737-2:2009	ANSI/AAMI/ISO 11737-2:2009	Identical
ISO/TS 12417:2011	ANSI/AAMI/ISO TIR12417:2011	Identical
ISO 13022:2012	ANSI/AAMI/ISO 13022:2012	Identical
ISO 13408-1:2008	ANSI/AAMI/ISO 13408-1:2008/(R)2011	Identical
ISO 13408-2:2003	ANSI/AAMI/ISO 13408-2:2003	Identical
ISO 13408-3:2006	ANSI/AAMI/ISO 13408-3:2006	Identical
ISO 13408-4:2005	ANSI/AAMI/ISO 13408-4:2005	Identical
ISO 13408-5:2006	ANSI/AAMI/ISO 13408-5:2006	Identical
ISO 13408-6:2006	ANSI/AAMI/ISO 13408-6:2006	Identical
ISO 13408-7:2012	ANSI/AAMI/ISO 13408-7:2012	Identical
ISO 13485:2003	ANSI/AAMI/ISO 13485:2003/(R)2009	Identical
ISO 13958:2009	ANSI/AAMI/ISO 13958:2009	Identical
ISO 13959:2009	ANSI/AAMI/ISO 13959:2009	Identical
ISO 14155:2011	ANSI/AAMI/ISO 14155:2011	Identical
ISO 14160:2011	ANSI/AAMI/ISO 14160:2011	Identical
ISO 14161:2009	ANSI/AAMI/ISO 14161:2009	Identical
ISO 14708-3:2008	ANSI/AAMI/ISO 14708-3:2008	Identical
ISO 14708-4:2008	ANSI/AAMI/ISO 14708-4:2008	Identical
ISO 14708-5:2010	ANSI/AAMI/ISO 14708-5:2010	Identical
ISO 14937:2009	ANSI/AAMI/ISO 14937:2009	Identical
ISO/TR 14969:2004	ANSI/AAMI/ISO TIR14969:2004	Identical
ISO 14971:2007	ANSI/AAMI/ISO 14971:2007/(R)2010	Identical
ISO 15223-1:2007 and A1:2008	ANSI/AAMI/ISO 15223-1:2007/(R)2012 and A1:2008/(R)2012	Identical
ISO 15223-2:2010	ANSI/AAMI/ISO 15223-2:2010	Identical
ISO 15225:2010	ANSI/AAMI/ISO 15225:2010	Identical
ISO 15674:2009	ANSI/AAMI/ISO 15674:2009	Identical
ISO 15675:2009	ANSI/AAMI/ISO 15675:2009	Identical
ISO 15882:2008	ANSI/AAMI/ISO 15882:2008	Identical
ISO 15883-1:2006	ANSI/AAMI ST15883-1:2009	Major technical variations
ISO/TR 16142:2006	ANSI/AAMI/ISO TIR16142:2005	Identical
ISO 17664:2004	ANSI/AAMI ST81:2004	Major technical variations
ISO 17665-1:2006	ANSI/AAMI/ISO 17665-1:2006	Identical (with inclusions)
ISO/TS 17665-2:2009	ANSI/AAMI/ISO TIR17665-2:2009	Identical
ISO 18472:2006	ANSI/AAMI/ISO 18472:2006/(R)2010	Identical
ISO/TS 19218-1:2011	ANSI/AAMI/ISO TIR19218:2011	Identical
ISO 20857:2010	ANSI/AAMI/ISO 20857:2010	Identical
ISO 22442-1:2007	ANSI/AAMI/ISO 22442-1:2007	Identical
ISO 22442-2:2007	ANSI/AAMI/ISO 22442-2:2007	Identical
ISO 22442-3:2007	ANSI/AAMI/ISO 22442-3:2007	Identical
ISO/TR 22442-4:2010	ANSI/AAMI/ISO TIR22442-4:2010	Identical
ISO 23500:2011	ANSI/AAMI/ISO 23500:2011	Identical
ISO/TS 23810:2012	ANSI/AAMI/ISO TIR23810:2012	Identical
ISO 25539-1:2003 and A1:2005	ANSI/AAMI/ISO 25539-1:2003/(R)2009 and A1:2005/(R)2009	Identical
ISO 25539-2:2008	ANSI/AAMI/ISO 25539-2:2008	Identical
ISO 25539-3:2011	ANSI/AAMI/ISO 25539-3:2011	Identical
ISO 26722:2009	ANSI/AAMI/ISO 26722:2009	Identical
ISO 27185:2012	ANSI/AAMI/ISO 27185:2012	Identical
ISO 27186:2010	ANSI/AAMI/ISO 27186:2010	Identical
ISO 80369-1:2010	ANSI/AAMI/ISO 80369-1:2010	Identical
ISO 81060-1:2007	ANSI/AAMI/ISO 81060-1:2007	Identical
ISO 81060-2:2009	ANSI/AAMI/ISO 81060-2:2009	Identical

Committee representation

Association for the Advancement of Medical Instrumentation

Electrocardiograph (ECG) Committee

The adoption of IEC 60601-2-47 as a revision of ANSI/AAMI EC38:2007 was initiated by the AAMI ECG Committee, which serves as a U.S. sub-TAG (technical advisory sub-group) for IEC/SC 62D. U.S. representatives played an active role in developing the IEC standard.

At the time this document was published, the **AAMI ECG Committee** had the following members:

- Cochairs:** Richard A. Sunderland
Ahmet Turkmen, BS MS PhD
Brian J. Young
- Members:** Robert William Bain, CBET, Baltimore Medical Engineers & Technician Society
Robert E. Bruce
Scott Coggins, Covidien
Prakash C. Deedwania, MD, The VA Medical Center
Laura Dhatt, Physio-Control
Sreeram Dhurjaty, Dhurjaty Electronics Consulting LLC
Richard Diefes, ECRI Institute
Greg Downs, Spacelabs Medical Inc.
Arthur R. Eddy, Jr. *Advancing Safety in Healthcare Technology*
James J. Greco, Medapprove Inc.
Richard Gregg, Philips Electronics North America
Janice M. Jenkins, PhD, University of Michigan College of Engineering
Carolyn Lall, Draeger Medical Systems Inc.
Dongping Lin, PhD
Walter G. Lloyd, Childrens Hospital Boston
Peter W. Macfarlane, Royal Infirmary
Luis A. Melendez, Partners Healthcare
George Moody, Massachusetts Institute of Technology
Cadathur Rajagopalan, PhD SMIEEE, Mindray DS USA Inc.
Linda Ricci, FDA/CDRH
Johann-Jakob Schmid, Schiller AG
Jonathan Steinberg, MD, St Lukes Roosevelt Hospital Center
Richard A. Sunderland, Welch Allyn
Ahmet Turkmen, BS MS PhD, University of Wisconsin-Stout
Jeffrey Wiser, 3M Healthcare
Ted Yantsides, Conmed Corp
Brian J. Young, GE Healthcare
- Alternates:** Mark J. Callahan, Covidien
Kejian Chen, 3M Healthcare
Yu Chen, PhD, Draeger Medical Systems Inc.
Steve Duke, Physio-Control
Charles S. Ho, PhD, FDA/CDRH
Richard Richardson, GE Healthcare
Serkan Sezer, Schiller AG
Donald Stewart, Spacelabs Medical Inc.
Anna Varlese, Conmed Corp
John J. Wang, Philips Electronics North America
Yinqi Zhang, Spacelabs Medical Inc.

NOTE--Participation by federal agency representatives in the development of this document does not constitute endorsement by the federal government or any of its agencies.

Background of ANSI/AAMI adoption of IEC 60601-2-47:2012

As indicated in the foreword to the main body of this document (page ix), the International Electrotechnical Commission (IEC) is a worldwide organization for standardization comprising of all national electrotechnical committees. The United States is one of the IEC members that took an active role in the development of this standard, which was developed by the IEC Technical Subcommittee 62D, Electromedical equipment, maintenance team (MT) 22 on Electromedical diagnostic and patient monitoring equipment.

U.S. participation in IEC/SC 62D is organized through the U.S. Technical Advisory Group for IEC/SC 62D, administered by the Association for the Advancement of Medical Instrumentation (AAMI) on behalf of the U.S. National Committee of the American National Standards Institute. The U.S. made a considerable contribution to this International Standard.

AAMI encourages its committees to harmonize their work with International Standards to the extent possible. Upon review of the final draft International Standard of IEC 60601-2-47:2012, the AAMI ECG Committee, which serves as a U.S. Technical Advisory sub-Group to IEC/SC 62D, decided to adopt it verbatim as a revision of ANSI/AAMI EC38:2007.

The members of the AAMI ECG Committee and the US experts to the IEC/SC 62D MT22 would like to acknowledge that much of the language used for the requirements, testing and rationale in this document was taken directly from the ANSI/AAMI EC57:1998. It was agreed among those involved with the development of this particular standard that this would be the best approach to reach consensus in the harmonization efforts to adopt IEC 60601-2-47 as a replacement of ANSI/AAMI EC38:2007.

The creation of IEC 60601-2-47:2012 represents a deliberate effort to harmonize the standard with ANSI/AAMI EC38:2007 in order to achieve a single particular standard for ambulatory electrocardiographic systems. This standard incorporates the requirements and testing deviations that were previously adopted as deviations in ANSI/AAMI EC38:2007, which addressed the issues of algorithm database testing, frequency response, and pacemaker detection performance. This standard also introduces the definition of essential performance for ambulatory electrocardiographic systems.

AAMI and ANSI procedures require that standards be reviewed every five years and, if necessary, revised to reflect technological advances that may have occurred since publication.

AAMI (and ANSI) have adopted other IEC and ISO standards. See the Glossary of Equivalent Standards for a list of IEC and ISO standards adopted by AAMI, which gives the corresponding U.S. designation and the level of equivalency with the IEC and ISO standard.

The concepts incorporated in this standard should not be considered inflexible or static. This standard, like any other, must be reviewed and updated periodically to assimilate progressive technological developments. To remain relevant, it must be modified as advances are made in technology and as new data come to light.

This standard reflects the conscientious efforts of concerned health care professionals and medical device manufacturers to develop a standard for those performance levels that can be reasonably achieved at this time.

Suggestions for improving this standard are invited. Comments and suggested revisions should be sent to Standards Department, AAMI, 4301 N. Fairfax Dr. Suite 301, Arlington, VA 22203-1633.

NOTE-This background does not contain provisions of the American National Standard, *Medical electrical equipment – Part 2-47: Particular requirements for the basic safety and essential performance of ambulatory electrocardiographic systems* (ANSI/AAMI/IEC 60601-2-47:2012), but it does provide important information about the development and intended use of the document.

NOTE- Beginning with the foreword on page ix, this American National Standard is identical to IEC 60601-2-47:2012.

INTERNATIONAL ELECTROTECHNICAL COMMISSION

MEDICAL ELECTRICAL EQUIPMENT –

Part 2-47: Particular requirements for the basic safety and essential performance of ambulatory electrocardiographic systems

FOREWORD

- 1) The International Electrotechnical Commission (IEC) is a worldwide organization for standardization comprising all national electrotechnical committees (IEC National Committees). The object of IEC is to promote international co-operation on all questions concerning standardization in the electrical and electronic fields. To this end and in addition to other activities, IEC publishes International Standards, Technical Specifications, Technical Reports, Publicly Available Specifications (PAS) and Guides (hereafter referred to as "IEC Publication(s)"). Their preparation is entrusted to technical committees; any IEC National Committee interested in the subject dealt with may participate in this preparatory work. International, governmental and non-governmental organizations liaising with the IEC also participate in this preparation. IEC collaborates closely with the International Organization for Standardization (ISO) in accordance with conditions determined by agreement between the two organizations.
- 2) The formal decisions or agreements of IEC on technical matters express, as nearly as possible, an international consensus of opinion on the relevant subjects since each technical committee has representation from all interested IEC National Committees.
- 3) IEC Publications have the form of recommendations for international use and are accepted by IEC National Committees in that sense. While all reasonable efforts are made to ensure that the technical content of IEC Publications is accurate, IEC cannot be held responsible for the way in which they are used or for any misinterpretation by any end user.
- 4) In order to promote international uniformity, IEC National Committees undertake to apply IEC Publications transparently to the maximum extent possible in their national and regional publications. Any divergence between any IEC Publication and the corresponding national or regional publication shall be clearly indicated in the latter.
- 5) IEC itself does not provide any attestation of conformity. Independent certification bodies provide conformity assessment services and, in some areas, access to IEC marks of conformity. IEC is not responsible for any services carried out by independent certification bodies.
- 6) All users should ensure that they have the latest edition of this publication.
- 7) No liability shall attach to IEC or its directors, employees, servants or agents including individual experts and members of its technical committees and IEC National Committees for any personal injury, property damage or other damage of any nature whatsoever, whether direct or indirect, or for costs (including legal fees) and expenses arising out of the publication, use of, or reliance upon, this IEC Publication or any other IEC Publications.
- 8) Attention is drawn to the Normative references cited in this publication. Use of the referenced publications is indispensable for the correct application of this publication.
- 9) Attention is drawn to the possibility that some of the elements of this IEC Publication may be the subject of patent rights. IEC shall not be held responsible for identifying any or all such patent rights.

International standard IEC 60601-2-47 has been prepared by subcommittee 62D: Electromedical equipment, of IEC technical committee 62: Electrical equipment in medical practice.

This second edition cancels and replaces the first edition published in 2001. It constitutes a technical revision. This edition was revised to align structurally with the 2005 edition of IEC 60601-1.

The text of this particular standard is based on the following documents:

FDIS	Report on voting
62D/963/FDIS	62D/980/RVD

Full information on the voting for the approval of this particular standard can be found in the report on voting indicated in the above table.

This publication has been drafted in accordance with the ISO/IEC Directives, Part 2.

In this standard, the following print types are used:

- Requirements and definitions: roman type.
- *Test specifications: italic type.*
- Informative material appearing outside of tables, such as notes, examples and references: in smaller type. Normative text of tables is also in a smaller type.
- TERMS DEFINED IN CLAUSE 3 OF THE GENERAL STANDARD, IN THIS PARTICULAR STANDARD OR AS NOTED: SMALL CAPITALS.

In referring to the structure of this standard, the term

- “clause” means one of the seventeen numbered divisions within the table of contents, inclusive of all subdivisions (e.g. Clause 7 includes subclauses 7.1, 7.2, etc.);
- “subclause” means a numbered subdivision of a clause (e.g. 7.1, 7.2 and 7.2.1 are all subclauses of Clause 7).

References to clauses within this standard are preceded by the term “Clause” followed by the clause number. References to subclauses within this particular standard are by number only.

In this standard, the conjunctive “or” is used as an “inclusive or” so a statement is true if any combination of the conditions is true.

The verbal forms used in this standard conform to usage described in Annex H of the ISO/IEC Directives, Part 2. For the purposes of this standard, the auxiliary verb:

- “shall” means that compliance with a requirement or a test is mandatory for compliance with this standard;
- “should” means that compliance with a requirement or a test is recommended but is not mandatory for compliance with this standard;
- “may” is used to describe a permissible way to achieve compliance with a requirement or test.

An asterisk (*) as the first character of a title or at the beginning of a paragraph or table title indicates that there is guidance or rationale related to that item in Annex AA.

A list of all parts of the IEC 60601 series, published under the general title *Medical electrical equipment*, can be found on the IEC website.

The committee has decided that the contents of this publication will remain unchanged until the stability date indicated on the IEC web site under "<http://webstore.iec.ch>" in the data related to the specific publication. At this date, the publication will be

- reconfirmed,
- withdrawn,
- replaced by a revised edition, or
- amended.

INTRODUCTION

This particular standard concerns the basic safety and essential performance of AMBULATORY ELECTROCARDIOGRAPHIC SYSTEMS. It amends and supplements IEC 60601-1 (third edition 2005): *Medical electrical equipment – Part 1: General requirements for basic safety and essential performance*, hereinafter referred to as the general standard. The requirements of this particular standard take priority over those of the general standard.

A “General guidance and rationale” for the requirements of this particular standard is included in Annex AA.

It is considered that knowledge of the reasons for these requirements will not only facilitate the proper application of the standard but will, in due course, expedite any revision necessitated by changes in clinical practice or as a result of developments in technology. However, this annex does not form part of the requirements of this standard.



PREVIEW COPY

This is a preview edition of an AAMI guidance document and is intended to allow potential purchasers to evaluate the content of the document before making a purchasing decision.

For a complete copy of this AAMI document, contact AAMI at +1-977-249-8226 or visit www.aami.org.



PREVIEW COPY

This is a preview edition of an AAMI guidance document and is intended to allow potential purchasers to evaluate the content of the document before making a purchasing decision.

For a complete copy of this AAMI document, contact AAMI at +1-977-249-8226 or visit www.aami.org.

MEDICAL ELECTRICAL EQUIPMENT –

Part 2-47: Particular requirements for the basic safety and essential performance of ambulatory electrocardiographic systems

201.1 Scope, object and related standards

Clause 1 of the general standard¹ applies, except as follows:

201.1.1 Scope

Replacement:

This International Standard applies to the BASIC SAFETY and ESSENTIAL PERFORMANCE of AMBULATORY ELECTROCARDIOGRAPHIC SYSTEMS, hereafter referred to as ME SYSTEMS

Advancing Safety in Healthcare Technology

If a clause or subclause is specifically intended to be applicable to ME EQUIPMENT only, or to ME SYSTEMS only, the title and content of that clause or subclause will say so. If that is not the case, the clause or subclause applies both to ME EQUIPMENT and to ME SYSTEMS, as relevant.

HAZARDS inherent in the intended physiological function of ME EQUIPMENT or ME SYSTEMS within the scope of this standard are not covered by specific requirements in this standard except in 7.2.13 and 8.4.1 of the general standard.

NOTE See also 4.2 of the general standard.

Within the scope of this standard are systems of the following types:

- a) systems that provide continuous recording and continuous analysis of the ECG allowing full re-analysis giving essentially similar results. The systems may first record and store the ECG and analyze it later on a separate unit, or record and analyze the ECG simultaneously. The type of storage media used is irrelevant with regard to this standard;
- b) systems that provide continuous analysis and only partial or limited recording not allowing a full re-analysis of the ECG.

The safety aspects of this standard apply to all types of systems falling in one of the above-mentioned categories.

If the AMBULATORY ELECTROCARDIOGRAPHIC SYSTEM offers automatic ECG analysis, minimal performance requirements for measurement and analysis functions apply. MEDICAL ELECTRICAL EQUIPMENT covered by IEC 60601-2-25 and IEC 60601-2-27 are excluded from the scope of this standard.

¹ The general standard is IEC 60601-1:2005, *Medical electrical equipment – Part 1: General requirements for basic safety and essential performance*.